

# AUTO CR - LOG SUMMARY #1051975

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded at the above location regarding a domestic. It is reported that during the interim of the involved officer's response, he observed the subject punching his brother at which time, the involved officer informed the subject to stop his actions several times, the subject failed to do so and the involved officer deployed his taser to take control of the subject and placed him into custody.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KAUP JR, EDWIN J	100		LIEUTENANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-FEB-2012 02:36 - 18-FEB-2012 02:36		1513	015	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	OSBORNE, ROBERT	1316		015 /	POLICE OFFICER	M	WHI		
NON-CPD						M	BLK		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-FEB-2012 05:57	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-FEB-2012 05:57	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	19-FEB-2012 08:36	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	18-FEB-2012 12:09	WEBB, MAIRA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-FEB-2012 12:08	WEBB, MAIRA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-FEB-2012 09:38	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-FEB-2012 09:23	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-FEB-2012 09:15	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	18-FEB-2012 04:16	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by: Name KAUP JR, EDWIN Star No. 771 Emp No. [REDACTED] Assigned Unit No. 015 Position LIEUTENANT OF POLICE

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KOCHAN, MARK	18-FEB-2012 04:16			
	DOCUMENTS - INTAKE INCIDENT		2	Officer OSBORNE ROBERT J 12117	N	TOUSANT, LISA	18-FEB-2012 09:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	WEBB, MAIRA	18-FEB-2012 12:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	TOUSANT, LISA	18-FEB-2012 09:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	WEBB, MAIRA	18-FEB-2012 12:08	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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CHICAGO POLICE DEPARTMENT  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD #: [REDACTED]  
Case ID: [REDACTED]  
EVENT #: [REDACTED]

INCIDENT	<b>DETECTIVE SUP. APPROVAL COMPLETE</b>		
	IUCR: 0486 - Battery - Domestic Battery Simple		
	Occurrence Location: [REDACTED] 303 - Sidewalk	Beat: 1513	Unit Assigned: 1524R RO Arrival Date: 18 February 2012 02:34
	Occurrence Date: 18 February 2012 02:34		Domestic Related Incident # Offenders: 1

NON-OFFENDER(S)	<b>COMPLAINANT - Individual</b>		<b>Police Officer</b>
	Name: ALTWASSER, P.O.		
	Empl: 5701 W Madison St Chicago, Illinois		
	Beat: 1513		
	Sobriety: Sober		
CPD Officer:			
Other Communications and Availability			
Residence Phone : [REDACTED]			

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: [REDACTED]	Beat: 1022	<b>Demographics</b>
	Res: [REDACTED]		Male
			Black
			DOB: [REDACTED]
			Age: 32 Years
Sobriety: Intoxicated		5'09,	
CPD Officer: No		220 lbs	
		Brown Eyes	
		Black Hair	
		Braids Hair Style	
		Medium Brown Complexion	

NON-OFFENDER(S)	<b>WITNESS - Individual</b>		<b>Police Officer</b>
	Name: ELARDE, P.O.		
	5701 W Madison St Chicago, Illinois		
	Beat: 1513		
	Sobriety: Sober		
CPD Officer: Yes			
Other Communications and Availability			
Residence Phone : [REDACTED]			

INJURY(S)	<b>Injury Info [REDACTED] - Victim )</b>		
	Injured BY offender		Extent: Minor
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Laceration	Hand/Feet/Teeth/Etc.	Other - Hands
	Abrasions	Hand/Feet/Teeth/Etc.	Other - Hand

SUSPECT(S)

## Suspect # 1

In Custody

Name: [REDACTED]  
Res: [REDACTED] Beat: 1122

## Demographics

Male  
Black  
6'00,  
200 lbs ,  
Brown Eyes  
Black Hair  
Short Hair Style  
Medium Brown Complexion

DOB: [REDACTED]  
Age: 31 years  
Birth Place: Illinois  
Suspected of Using:  
Alcohol

## Injury Info

Extent: Minor

CFD First Aid Given Yes

Responding Ambulance  
Unit: 23

Hospital: [REDACTED]

Physician Name: Dr. Schmitt

Type

Abrasions

Weapon Used

Hand/Feet/Teeth/ HANDS  
Etc.

Description

RELATIONSHIP

( Victim )

is a Brother of

( Offender )

DOMESTIC INFO

## Order Of Protection Info

Order Of Protection #: IL

Transportation Arranged/Provided to Relocate? Declined  
Victim Advised of Hotline #? Yes

## Procedure Notifications

Domestic Info Notice Provided? Yes

Victim Advised of OOP Procedures? Yes

Victim Advised of Warrant Procedures? Yes

NARRATIVES

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	11287	[REDACTED]	ALTWASSER, Patrick, W	[REDACTED]	18 Feb 2012 04:17	015	1524R

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0486	Battery - Domestic Battery Simple	[REDACTED]



**TASER Information**

**Serial #** X00-561779  
**Model #** X26  
**X26 Software Version** 22  
**Dataport CD Version** 17.9  
**Record Date Range** 02/18/2012 - 02/18/2012  
**Computer Time Zone** Central Standard Time \*DST  
**Using Daylight Savings Time** Yes

**Downloaded By**

**Name** edwir Kaup  
**Dept** CPD  
**Rank** Lt  
**Windows Version** Windows XP  
**Report Generated** 02/18/12 03:33:11 (local)

**Recorded Firing Data**

Seq	GMT Time	Local Time	Duration	Ten p	Battery
0001	Incomplete Time Change Record				
0002	10/25/10 20:35:58	10/25/10 15:35:58	Old Time		
0003	10/25/10 20:35:58	10/25/10 15:35:58	New Time		
0004	04/13/11 03:39:42	04/12/11 22:39:42	Old Time		
0005	04/13/11 03:33:58	04/12/11 22:33:58	New Time		
0006	04/13/11 03:35:47	04/12/11 22:35:47	Old Time		
0007	04/13/11 03:35:49	04/12/11 22:35:49	New Time		
0008	01/13/12 12:00:24	01/13/12 06:00:24	Old Time		
0009	01/13/12 11:49:53	01/13/12 05:49:53	New Time		
0010	02/18/12 08:36:57	02/18/12 02:36:57	5	20	76

End of Report.

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## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KAUP JR, EDWIN J	100		LIEUTENANT OF POLICE	M	WHI		

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NON-CPD						M	BLK		

## Involved Party Associations

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## Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History



## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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PRELIMINARY	18-FEB-2012 09:38	TOUSANT, LISA	INTAKE AIDE	113 /	
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## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 18-FEB-2012) - LOG #1051975

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KAUP JR, EDWIN J	100		015 /	LIEUTENANT OF POLICE	M	WHI		

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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	18-FEB-2012 04:16	KOCHAN, MARK	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-FEB-2012 05:57	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-FEB-2012 05:57	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	19-FEB-2012 08:36	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
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PRELIMINARY	18-FEB-2012 09:15	TOUSANT, LISA	INTAKE AIDE	113 /	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	18-FEB-2012 04 16	KOCHAN, MARK	POLICE OFFICER	116 /	initiated by Name KAUP JR, EDWIN Star No 771 Emp No [REDACTED] Assigned Unit No 015 Position LIEUTENANT OF POLICE

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT <b>18-FEB-2012</b>	TIME <b>02:36:00</b>	2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE <b>304</b>	4 BEAT/OCCUR <b>1513</b>		
	5 POSITION <b>9161</b>	6 LAST NAME <b>OSBORNE</b>	7 FIRST NAME <b>ROBERT J</b>	8 STAR NO <b>12117</b>	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE <b>WHI</b>	11 AGE [REDACTED]	12 HT <b>508</b>	13 WT <b>182</b>
	14 DATE OF APPT <b>30-JUL-2001</b>	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT <b>015 1512R</b>		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE <b>BLK</b>	25 D O B [REDACTED]	26 HT <b>600</b>	27 WT <b>200</b>
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>WEST SUBURBAN</b>			34 BY WHOM? <b>DR SCHMITT</b>		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid			
REASON FOR USE OF FORCE (Check all that apply)	36 CHARGES PLACED <b>720 ILCS 5.0/12-3.2-A-2</b>								
	37 CB NO [REDACTED] IR NO <input type="checkbox"/> DNA								
	38 DNA <input type="checkbox"/>								
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>
MEMBERS RESPONSE	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____
	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____
WEAPON DISCHARGE INCIDENT	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>
	WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>
	ARMBAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____
WEAPON DISCHARGE INCIDENT	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____
	39 DNA <input type="checkbox"/>		40 ADDITIONAL INFORMATION <b>OFFENDER WAS STRIKING THE VICTIM WITH CLOSED FISTS ABOUT THE HEAD AND BODY.</b>						
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]				
WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input checked="" type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS <b>CLEAR</b>
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		
	49 TASER DART ID NO <b>C31000MH6</b>		50 WEAPON SERIAL No (Include Letters) <b>561779</b>		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]
WEAPON DISCHARGE INCIDENT	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO [REDACTED]
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
CASE INFO.	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report				
	73 REPORTING MEMBER (Print Name) <b>OSBORNE, ROBERT J</b>		STAR/EMPLOYEE NO <b>12117</b>		SIGNATURE [REDACTED]				
SIGNATURES	18-FEB-2012 04:03:02								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below								
	74 REVIEWING SUPERVISOR (Print Name) <b>DONAHUE, PATRICK E</b>		STAR NO <b>1718</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>18-FEB-2012 04:04:45</b>		TIME [REDACTED]

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1 ) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2 ) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3 ) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1 ) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2 ) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3 ) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender related the following, in summary, not verbatim Offender was fighting with his brother because his brother was fighting with his baby's mama and he was wrong So he was hitting him and didn't stop when the police came because he wanted to keep hitting his brother The police tased him so he stopped

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The offender didn't follow verbal direction and kept battering the victim I have concluded that the member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1051975 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KAUP JR, EDWIN J

SIGNATURE

DATE COMPLETED

TIME

18-FEB-2012 04:15:30

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

3

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)